

CLAIMS ONLY

Application Number

09/705,694

Filing Date

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1	/		/		/	
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15	/		/		/	
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30	/		/		/	
31						
32						
33						
34						
35	/		/		/	
36						
37						
38						
39						
40						
41						
42						
43						
44						
45						
46	/		/		/	
47						
48						
49						
50						
Total Indep	5		5		5	
Total Depend	49		42		40	
Total Claims	54		57		55	

	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
51		/		/		/
52		/		/		/
53		/		/		/
54		/		/		/
55		/		/		/
56		/		/		/
57		/		/		/
58		/		/		/
59		/		/		/
60		/		/		/
61		/		/		/
62		/		/		/
63		/		/		/
64		/		/		/
65		/		/		/
66		/		/		/
67		/		/		/
68		/		/		/
69		/		/		/
70		/		/		/
71		/		/		/
72		/		/		/
73		/		/		/
74		/		/		/
75		/		/		/
76		/		/		/
77		/		/		/
78		/		/		/
79		/		/		/
80		/		/		/
81		/		/		/
82		/		/		/
83		/		/		/
84		/		/		/
85		/		/		/
86		/		/		/
87		/		/		/
88		/		/		/
89		/		/		/
90		/		/		/
91		/		/		/
92		/		/		/
93		/		/		/
94		/		/		/
95		/		/		/
96		/		/		/
97		/		/		/
98		/		/		/
99		/		/		/
100		/		/		/
Total Indep						
Total Depend						
Total Claims						

2062

CLAIMS ONLY

Application Number

09/705,694

Filing Date

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1	/		/		/	
2				/		/
3				/		/
4				/		/
5				/		/
6				/		/
7				/		/
8				/		/
9				/		/
10				/		/
11				/		/
12				/		/
13				/		/
14				/		/
15	/		/		/	
16				/		/
17				/		/
18				/		/
19				/		/
20				/		/
21				/		/
22				/		/
23				/		/
24				/		/
25				/		/
26				/		/
27				/		/
28				/		/
29				/		/
30	/		/		/	
31				/		/
32				/		/
33				/		/
34				/		/
35	/		/		/	
36				/		/
37				/		/
38				/		/
39				/		/
40				/		/
41				/		/
42				/		/
43				/		/
44				/		/
45				/		/
46	/		/		/	
47				/		/
48				/		/
49				/		/
50				/		/
Total Indep	5		3		5	
Total Depend	57		39		38	
Total Claims	62		42		43	

	Indep	Depend	Indep	Depend	Indep	Depend
51		/		/		/
52		/		/		/
53		/		/		/
54		/		/		/
55		/		/		/
56		/		/		/
57		/		/		/
58		/		/		/
59		/		/		/
60		/		/		/
61		/		/		/
62		/		/		/
63		/		/		/
64		/		/		/
65		/		/		/
66		/		/		/
67						
68						
69						
70						
71						
72						
73						
74						
75						
76						
77						
78						
79						
80						
81						
82						
83						
84						
85						
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
Total Indep						
Total Depend						
Total Claims						